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PTO/SB/21 (08-03)

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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/863,419 |
| | Filing Date | May 24, 2001 |
| | First Named Inventor | William D. NORCOTT |
| | Art Unit | 2166 |
| | Examiner Name | Mohammad ALI |
| Total Number of Pages in This Submission | Attorney Docket Number | 19111.0229 |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Chadwick A. Jackson, Reg. No. 46,495 Swidler Berlin LLP |
| Signature | |
| Date | January 27, 2006 |

| CERTIFICATE OF MAILING | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
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| Signature | | Date | |

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|--|--------------------|--|--|--------------------|------------|-------------|--------------|----------------------|--------------------|---------------|--------------|----------|------|---------------------|------------|
| <p>Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEES TRANSMITTAL for FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$) 120.</p> | | <p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>09/863,419</td> </tr> <tr> <td>Filing Date</td> <td>May 24, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>William D. NORCOTT</td> </tr> <tr> <td>Examiner Name</td> <td>Ali MOHAMMAD</td> </tr> <tr> <td>Art Unit</td> <td>2166</td> </tr> <tr> <td>Attorney Docket No.</td> <td>19111.0229</td> </tr> </table> | | Application Number | 09/863,419 | Filing Date | May 24, 2001 | First Named Inventor | William D. NORCOTT | Examiner Name | Ali MOHAMMAD | Art Unit | 2166 | Attorney Docket No. | 19111.0229 |
| Application Number | 09/863,419 | | | | | | | | | | | | | | |
| Filing Date | May 24, 2001 | | | | | | | | | | | | | | |
| First Named Inventor | William D. NORCOTT | | | | | | | | | | | | | | |
| Examiner Name | Ali MOHAMMAD | | | | | | | | | | | | | | |
| Art Unit | 2166 | | | | | | | | | | | | | | |
| Attorney Docket No. | 19111.0229 | | | | | | | | | | | | | | |

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
- ☒ Deposit Account Deposit Account Number: 19-5127 Deposit Account Name: Swidler Berlin LLP
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- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
| | Fee (\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| <u>Fee Description</u> | | | | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|--|---------------------|----------------|----------------------|----------------------------------|----------------------|
| Each claim over 20 (including Reissues) | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | 200 | 100 |
| Multiple dependent claims | | | | 360 | 180 |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee(\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
| _____ -20 or HP= | _____ x | _____ = | _____ | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| HP = highest number of total claims paid for, if greater than 20. | | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee(\$)</u> | <u>Fee Paid (\$)</u> | | |
| _____ - 3 or HP= | _____ x | _____ = | _____ | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

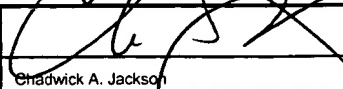
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------|--|----------|---------------|
| _____ - 100 = _____ | / 50 = _____ | (round up to a whole number) x | 120. | = _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge) : One Month Extension of Time \$120.

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|------------------|-----------|--------------|
| Signature |  | Registration No. (Attorney/Agent) | 46,495 | Telephone | 202-424-7500 |
| Name (Print/Type) | Chadwick A. Jackson | Date | January 27, 2006 | | |

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